

## Trust Board Paper R

<b>To:</b>	Trust Board		
<b>From:</b>	Jeremy Tozer – Interim Director of Operations		
<b>Date:</b>	25 April 2013		
<b>CQC regulation:</b>	Regulation 9 (Regulated activities) Outcomes 4 Regulation 24 (Regulated activities) Outcome 6		
<b>Title:</b>	Major Incident Plan Emergency Planning Year Plan		
<b>Author/Responsible Director:</b> Jeremy Tozer – Interim Director of Operations			
<b>Purpose of the Report:</b> To provide an appropriate response in the event of a major incident that UHL will have to respond to.			
<b>The Report is provided to the Board for:</b>			
Decision		Discussion	
Assurance		Endorsement <b>X</b>	
<b>Summary / Key Points:</b> The plan provides key roles and responsibilities for different staff and divisions in the response of a major incident. The plan is designed to implement a flexible framework from which a response can be managed regardless of the cause.			
The Emergency Planning Year Plan outlines the programme of work that will be undertaken within the Trust to ensure compliance with relevant legislation: Civil Contingencies Act 2004, Health and Social Care Act 2012 and CQC requirements			
<b>Recommendations:</b> The Trust board is asked to approve and sign off the plan and to provide endorsement and support of the scheduled programme of work.			
<b>Previously considered at another corporate UHL Committee?</b> Emergency Planning and Business Continuity Committee 21 <sup>st</sup> March 2013 Executive Team 16 <sup>th</sup> April 2013			
<b>Strategic Risk Register:</b> Risk 2 – Business Continuity		<b>Performance KPIs year to date:</b>	
<b>Resource Implications (eg Financial, HR):</b> Training and Exercising requirements of key staff and service areas			
<b>Assurance Implications:</b> Assurance to NHS England against core standards in Emergency Planning			
<b>Patient and Public Involvement (PPI) Implications:</b> none			
<b>Stakeholder Engagement Implications:</b> Will support our requirements to engage with external partners i.e. other emergency services. It will ensure that in a response appropriate arrangements are in place			
<b>Equality Impact:</b> none			

**Information exempt from Disclosure:**

none

**Requirement for further review?**

Major Incident Plan August 2013

Emergency Planning Year Plan Dec 2013

# UHL MAJOR INCIDENT PLAN



THIS DOCUMENT IS VERSION CONTROLLED, THE MASTER IS HELD ELECTRONICALLY ON THE INTRANET AND BY THE EMERGENCY PLANNING TEAM. IT IS ALSO A LIVE DOCUMENT; **PRINTED COPIES MAY NOT BE THE MOST UP TO DATE VERSION.**

Authorised By:	
Date Authorised:	
Trust Reference:	
Most Recent Review:	August 2013
Version:	3.0
Supersedes:	2.0
Protective Marking:	<b>Not Protectively Marked</b>
Author / Originator:	UHL Emergency Planning Team
Name of Responsible Committee / Individual:	Emergency Planning Committee
<b>Review Date:</b>	<b>August 2014</b>

<b>TABLE OF AMENDMENTS</b>			
<b>DATE</b>	<b>PARAGRAPH CHANGED</b>	<b>BRIEF DETAILS OF ALTERATIONS</b>	<b>APPROVED BY</b>
August 2012	All	Plan re-written and updated to reflect new procedures	PW
April 2013	3.6	Removed reference to PCT's and updated to reflect new NHS structures	
April 2013	3.7	Added reference to multi agency tactical and strategic coordinating groups	
April 2013	5.0	Updated information regarding sharing information during an incident	
April 2013	Action Card 10	Removed Clinical Support Division and added new Communications Lead Action Card	
April 2013	Appendix B	Updated contact information regarding NHS structure/name changes	
April 2013	Action Card 5	New action card Duty Managers GH/LGH and others subsequently re-numbered	
April 2013	Appendix E	New incident generic strategic aims and objectives added and reference to them on Director on call and Senior manager on call action cards	

This plan has been prepared following consultation and input from associated organisations shown below:

- Leicestershire Constabulary
- Public Health
- National Health Organisations

<b>ASSOCIATED PLANS</b> (Plans / Policies that are likely to be used in conjunction with this plan)
LRF Major Incident Plan
SHA Mass Casualty Framework 2011
Facilities Provider Major Incident Plan
LRI Lockdown Policy 2010
LRF Mass Treatment Plan 2011
LRF TCG / SCG Set Up Procedures 2012
Leicestershire Medicines Code
NHS Mutual Aid Agreement 2010
UHL Pandemic Flu Plan 2012
UHL Staff Capacity Plan 2010
UHL Fire Safety Policy
UHL Bomb Threat Procedure 2007

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## PART ONE

### 1. Introduction

Under the Civil Contingencies Act 2004 University Hospitals of Leicester NHS Trust (UHL) is a category 1 responder to an emergency or a major incident. The Civil Contingencies Act lists several statutory duties upon category 1 responders. These are;

- To risk assess the likelihood of an emergency occurring and use this to inform contingency planning
- To put in place emergency plans
- To put in place business continuity plans
- Warn and inform and advise the public
- Share information and co-operate with other local responders to enhance co-ordination and efficiency

The Civil Contingencies Act 2004; defines an emergency as;

‘An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, war or terrorism which threatens serious damage to the security of the UK.’

For the National Health Service (NHS) a Major Incident is defined as: -

“... any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it.”

(NHS Emergency Planning Guidance, 2005)

It is recognised that Acute Hospital NHS Trusts are accustomed to normal fluctuations in daily demand for services though in terms of incident management the Department of Health identifies three levels:

**Major** - incidents involving tens of people and that are simple in nature meaning that normal services can cope effectively without putting undue pressure on the NHS.

**Mass** – large scale incidents affecting potentially hundreds rather than tens of people, possibly also involving the closure or evacuation of a major facility or persistent disruption over many days. These will require a collective response by several or many neighbouring Trusts.

**Catastrophic** - events of potentially catastrophic proportions that severely disrupt health and social care and other functions (power, water etc) and that exceed even collective capability within the NHS.

The scale, type and location of the incident can vary widely so this plan will not only set out the key areas of response but will also remain flexible enough to adjust procedures to suit the prevailing requirements of a specific incident.

It is the nature of major incidents that they are unpredictable and each will present a unique set of challenges. Our task is not to anticipate them in detail; it is to have the required set of expertise available and to have developed a set of core processes to handle the uncertainty and unpredictability of whatever happens.

The Trust has the responsibility to ensure that this plan is updated on a regular basis; this will be undertaken by the Emergency Planning Team in UHL.

## 1.1 Aims, Objectives and Scope

The aim of this plan is to provide a framework for the University Hospitals of Leicester NHS Trust to respond in a co-ordinated manner to a major incident or an internal trust declared incident. This plan is designed to be flexible to respond to all types of incidents and should be used in conjunction with other trust policies.

UHL will achieve its aim through the major incident plan by the following;

- Provision of a clearly defined framework for major incident response procedures which meet the appropriate statutory requirements
- An improved trust awareness of the major incident plan, roles, responsibilities and procedures
- An improved training and exercise schedule for staff in their potential roles during an incident and to also ensure the welfare needs of the staff are met
- To work alongside the wider healthcare and resilience community to help mitigate any adverse public health issues arising from an incident and to be available to respond to requests for assistance from partner agencies and the wider resilience community
- To ensure UHL is able to return to normal activity as soon as is appropriate
- Enable a critical decision making process to be undertaken in UHL within an established command, control and co-ordination

## 1.2 Definitions

Some of the following terms are regularly used within a response to a major incident.

**Major Incident;** A major incident is defined as any occurrence that presents a serious threat to the health of the community, causes disruption to the service, or causes (or is likely to cause) such numbers of casualties as to require special arrangements to be made by the Health Service.

**Major Incident Standby;** Is the term used when there has been a report that a major incident has occurred but cannot be confirmed, or where the capabilities / capacities of other incident receiving hospitals, already alerted, are filled. The East Midlands Ambulance Service (EMAS) will issue a 'major incident standby' message to ED. The Emergency Department Nurse in Charge will inform Switchboard stating Major Incident standby, and request to call in those on standby list.



**Major Incident Declared;** When the Ambulance, Fire and Police Services have assessed the situation, the Leicester Royal Infirmary's Emergency Department will be contacted via the Ambulance Service. The Emergency Department Nurse in Charge will inform Switchboard stating 'Major Incident Declared'.

**Major Incident Stand Down;** When the Medical Advisor on scene is able to confirm that all casualties have been removed from the incident scene they will inform the UHL Silver Control Room via Switchboard. At this time, advice should be given about any casualties still en-route. Once a major incident has been declared, the 'stand-down' will only be authorised by the UHL Strategic Control Room. This will be via all Directorates Control Rooms.

**Gold (Strategic) Command;** Provides the Strategic view and management response of the Trust to the incident occurring. This is more simply described as the level of management that look at what we intend to do. The gold command can be set up for individual site incident or in the event of a major incident this might be required within a multi-agency setting.

**Silver (Tactical) Command;** Is the next level of decision making in a major incident. This level when having received the strategic view from the gold command will then look at the tactical aims and how we intend to achieve the aims set.

**Bronze (Operational) Command;** The level of management that provide the operational management for the incident. Again can be simply described as the level of management that will go and do what needs to be achieved.

**NHS Gold;** A strategic view or group consisting of representatives from the local NHS Community to provide aims for the overall health response to an incident.

## 2. Activation of Major Incident Arrangements

The following sections will outline the initial response of UHL in the event of a major incident. There are 3 main routes that the activation of this plan may occur from;

- Firstly from the East Midlands Ambulance Service (EMAS) to the emergency department at the Leicester Royal infirmary (LRI)
- Secondly from the Midlands and East Strategic Health Authority Cluster (SHA) via the Leicester, Leicestershire and Rutland Primary Care Cluster (PCT) who will contact the On-Call Director for UHL, and
- Thirdly following an internal incident in UHL a major incident or an internal major incident could be declared through the Senior Manager or Director On-Call.

**NOTE:** If a 'Mass Casualty' incident is declared by the East Midlands Ambulance Service, please ensure the SHA Mass Casualty Plan is adhered to in addition to UHL's Major Incident Plan (a copy of this is held in the Hospital Control Room, LRI).

## 2.1 Major Incident Standby

The following actions should take place;

<b>MAJOR INCIDENT STANDBY</b>	<b>1</b>	The message is likely to have originated from EMAS and be received by the Emergency Department (ED) Nurse In Charge (on the red phone in resus).
	<b>2</b>	The 'Standby' message gives UHL advance warning of the potential need to activate the Major Incident Plan. This could be on a phased or limited basis dependant on the incident and should be seen as an indication to make full preparations for a major incident to be declared.
	<b>3</b>	The METHANE pneumonic (provided in ED Incident pack) should be used as standard to take the initial message from EMAS or the declaring agency.
	<b>4</b>	ED should then immediately inform switchboard on ext <b>2222</b> stating ' <b>Major Incident Standby please follow standby call out procedure</b> '. Switchboard will then commence the designated ' <b>Major Incident Standby</b> ' call out procedure.
	<b>5</b>	The Duty Manager will be asked to attend ED to receive their action card and any relevant information, and then will proceed immediately to the Trust Hospital Control Room (Samuel Jordan Room, Balmoral Level 3, Chief Exec Suite).
	<b>6</b>	If having initiated ' <b>Major Incident Standby</b> ' this alert is now no longer required EMAS will pass on the following message to the hospital switchboard ' <b>Major Incident Cancelled</b> ', switchboard will then immediately notify those individuals originally informed of the 'standby' message.

## 2.2 Major Incident Declared

The following actions should take place;

<b>MAJOR INCIDENT DECLARED</b>	<b>1</b>	This message would normally originate from EMAS and may not have been preceded by the ' <b>Major Incident Standby</b> ' alert message.
	<b>2</b>	The Emergency Department (ED) will take details and notify switchboard on ext <b>2222</b> stating ' <b>Major Incident Declared, please activate Major Incident Plan</b> '. Switchboard will then immediately initiate the major Incident cascade process.
	<b>3</b>	On receipt of the message ' <b>Major Incident Declared</b> ' staff should collect their action card from the relevant designated areas and proceed as directed. It is then their responsibility to contact the required personnel in their Clinical Business Units or Divisions using the communication cascades in place.
	<b>4</b>	All staff should ensure identification badges (ID) are worn at all times and where specified coloured tabards or armbands denoting their role e.g. in the emergency department.
	<b>5</b>	Good communication is essential during a major incident and it is imperative that staff do not overwhelm switchboard with unnecessary calls asking about the incident.
	<b>6</b>	It is important that all staff remain in their designated areas once the ' <b>Major Incident declared</b> ' message has been received and until they are stood down.

## 2.3 Major Incident Stand Down

The following actions should take place;

<b>MAJOR INCIDENT STAND DOWN</b>	<b>1</b>	The message ' <b>Major Incident, Casualties Cleared</b> ' will be received from EMAS to indicate there are no more casualties being released from the incident scene. <b>NOTE:</b> This message states UHL will not be receiving any more casualties and <b>is not</b> a declaration of UHL standing down the major incident response.
	<b>2</b>	The ' <b>Major Incident Stand Down</b> ' or ' <b>Major Incident Cancelled</b> ' message for UHL's response will be issued from the Hospital Control Centre (This would normally be initiated from the Director On Call).
	<b>3</b>	Switchboard will initiate the ' <b>Major Incident Stand Down</b> ' message to go out via the agreed communication cascade as normal.
	<b>4</b>	Business Continuity plans may be implemented at this stage to aid UHL's recovery from the incident.
	<b>5</b>	The order to ' <b>Stand Down</b> ' from UHL's major Incident response can only be issued from the hospital's designated 'Control Room' (normally via the Director On call).

## 2.4 Emergency Department Incident

This can be defined as any incident that affects the emergency department's (ED) ability to provide the minimum standards agreed. An ED Incident is an event that needs special arrangements to be put into place in the ED, but will not affect the rest of the hospital. It is therefore not appropriate to declare a Major Incident, but a management structure to support the ED will or may be required.

For an ED Incident the same ED management structure is required as for a Major Incident; ED Clinical Business Unit (CBU) Lead, ED Lead Nurse / Matron and the ED CBU Manager. The ED Control Team is set up in the ED Office next to the Waiting Room. The ED Control Team is augmented by the UHL Senior Manager on call.

The expanded ED Control Team will assess the situation and draw additional resources (including additional medical and nursing staff, EMAS Liaison, Trust Managers, on call staff) from the rest of the hospital if required.

**NOTE:** An ED Incident may escalate into a Major Incident if it becomes apparent that the rest of the hospital will be significantly affected (either due to admissions or because resources have to be diverted to the ED). The Trust Major Incident Plan should be activated.

## 2.5 Internal UHL Incident Activation

An 'Internal Incident' or 'Internal Major Incident' could be declared by the Senior Manager or Director On Call for UHL only. This could be called for a variety of reasons, some of these are;

- A large unplanned surge in bed capacity required in the trust (please see bed management policy, 2010)
- Hospital Fire
- Evacuation of a hospital site(s)
- ED Incident
- Various Business Continuity Plans e.g. Severe Weather Response, Fuel Plan, Infectious Disease etc.

The above list is not exhaustive and whilst many of these incidences have their own activation triggers and plans, the progression of incident may require a 'Internal Major Incident' to be declared. Once this occurs the activation of this Major Incident Plan will be undertaken by the Trust.

## 3. UHL Command and Control Structure

One of the key elements in an effective response to emergencies is clarity on the arrangements for command and control and co-ordination. The meanings of these three terms are different and they are as follows:

- **Command** is the exercise of vested authority that is associated with a role or rank within an organisation, to give direction in order to achieve defined objectives
- **Control** is the application of authority, combined with the capability to manage resources, in order to achieve defined objectives
- **Co-ordination** is the integration of efforts and available capabilities, which may be interdependent, in order to achieve defined objectives.

The following sections will outline the Command and Control structure within UHL during a 'Major Incident' or an 'Internal Incident'.

If an incident is declared then UHL will initiate the 'Major Incident Plan' and the LRI Duty Manager will proceed to activate the UHL Hospital Control Room (external agencies may use the term UHL Silver Command) which is located in the Samuel Jordan Room (Balmoral Building, Level 3, LRI).

**NOTE:** In the event this room is occupied then the Duty Manager, Silver or Gold Commander (please see Appendix D) for UHL has the authority to request the room is cleared immediately to provide the base for the hospital response to the incident.

### 3.1 Control Rooms Designated in UHL

There will be one central Hospital Control Room (more commonly known as the Hospital 'Silver / Gold' Command) within UHL during an incident with the 'Bronze' (Operational) Command Control Rooms across the 3 hospital sites linking into this one Hospital Control Room (external agencies may use the term UHL Silver Command). The designated control rooms in UHL are as follows;

#### Gold & Silver:

Leicester Royal Infirmary	Samuel Jordan Room, Balmoral Building, Level 3 Leicester Royal Infirmary
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#### Bronze:

Emergency Department	Managerial Office ED, LRI
Glenfield Hospital	Physiotherapy Gym, GH
Leicester General Hospital	Facilities Office, LGH
Leicester Royal Infirmary (if required)	Corporate Meeting Room, Balmoral Building, Level 3 Leicester Royal Infirmary

### 3.2 Gold (Strategic) Command

The 'Gold' or 'Strategic' Command within UHL will only be convened as a separate group if the length and the severity of the incident requires this level of management. If this is not required then the 'Gold Commander' will be based in the Samuel Jordan Room providing a strategic overview to the Hospital Control Team. The Gold Command would normally involve the following persons;

- Chief Executive / Chief Operating Officer
- Communications Lead (working between gold and silver control rooms)
- Nominated Members of the Executive Team
- Director On Call (nominated as 'Gold Commander')

The role of the Gold Command is to;

- Provide a strategic overview to the Trust response
- Initiate the recovery plans and processes for the Trust
- Liaise with the Communication Lead for any media interest and response
- Provide information to the wider NHS Community and Public

- Is the UHL representative at the wider NHS and Multi-Agency Command and Control meetings if requested and appropriate.

### 3.3 Silver (Tactical) Command

This level provides the tactical management and response of UHL to the incident. This is normally managed and co-ordinated by the 'UHL Hospital Control Team based in the Hospital Control Room (Samuel Jordan Room, Balmoral Building, Level 3, LRI).

**NOTE:** External agencies may use the term UHL Silver Command to refer to the Hospital Control Team / Room.

UHL Silver Command (Hospital Control Team) would normally consist of the following members of staff;

- Director On Call (Gold / Strategic Commander)
- Senior Manager On Call (Silver / Tactical Commander)
- Loggist
- UHL Medical Lead (e.g. Medical Director)
- UHL Nursing Lead (e.g. Director of Nursing)
- Duty Manager (Bronze / Operational Commander)
- Facilities Provider Duty Manager
- Head of Operations or the Chief Operating Officer, UHL
- Emergency Planning Officer (Tactical Advisor)
- Acute Division Representative
- Planned Division Representative
- Women's and Children's Division Representative
- Ambulance Liaison Officer (HALO) – This may be from both EMAS and Arriva

The nature of the incident might dictate the following representative's to be present in the Control Room;

- Police Liaison Officer (dependant on incident)
- Health Protection Agency (dependant on incident)
- Admissions and Discharge Manager, UHL

**NOTE:** Dependant on the type and duration of the incident the Silver Commander may add to the control team as necessary e.g. Information Management and Technology (IMT), Procurement or an specific CBU i.e. Theatres.

### 3.4 Bronze (Operational) Command

Due to the size and geographical area of the Trust there will be 'Bronze Hospital Control Room' based at the Leicester General Hospital (LGH) and at the Glenfield Hospital (GH) with the option dependant on the incident of a site control room at the LRI if required, in addition to this there will also be a Bronze Control Room based in the Emergency Department.

The general operational management of the incident response will be managed by the individual Divisions and Clinical Business Units (CBU's), each of the Divisions in UHL will when required activate their individual Major Incident Plans. Each Division will have a representative that will be based in the UHL Hospital Control Room (LRI) where they will act as liaison between the Hospital Control Room and the Divisional response.

The control rooms at both the Leicester General and the Glenfield Hospitals will be managed by either the Duty Manager or the most Senior Manager present on Site at that time. The main role of the Bronze Control Room is to manage the resources controlled by the Division / CBU's as required and directed by the UHL Hospital Control Team.

### 3.5 The Role of the Loggist

The Loggist role is to keep a record of all decisions made by the Gold, Silver or Bronze Commanders. The log should be an accurate record of all information, decisions, reasoning, facts, tasks and actions that take place from the beginning to the end of a major incident.

Is vital that the Loggist is used solely for the recording of the incident and is *not* used as an assistant to the Gold, Silver and Bronze Commanders in the control rooms. Due to the critical role of the Loggist, it is also essential that a suitable number of staff are trained for this task and a list of the Trust's trained Loggist is held by the Emergency Planning Team in UHL.

### 3.6 Local NHS Structure

The Memorandum of Understanding 2013 is a local agreement between the following NHS organisations;

- a. The NHS Commissioning Board (NHS CB) Leicestershire and Lincolnshire local area team (LAT)
- b. The following commissioners and providers of NHS funded care:
  - Clinical Commissioning Groups
    - East Leicestershire & Rutland
    - Leicester City
    - West Leicestershire
  - University Hospitals of Leicester
  - East Midlands Ambulance Service
  - Leicestershire Partnership Trust
  - Central Nottinghamshire Clinical Services
  - Derbyshire Community Health Services
  - George Eliot Hospital

- Nottingham Healthcare
- Spire Healthcare
- Nuffield Health
- Voluntary Sector (represented by British Red Cross)
- Arriva Ambuline

This document is an agreed policy for the command and control and co-ordination arrangement for the management of an NHS response to a major incident in Leicester, Leicestershire and Rutland.

Specifically this policy states that the Local Area Team will lead for emergency preparedness and incident response and defines the roles and responsibilities of all the health bodies within the agreement.

It is important to distinguish between the respective functions of single and multi-agency groups. Single agency groups have the authority to exercise a command function over their own personnel and assets. Multi-agency groups are convened to co-ordinate the involved agencies' activities and, where appropriate, define strategy and objectives for the multi-agency response as a whole. To achieve a consistent terminology across the health economy, it is important to clarify that *for the purposes of emergency response the NHS is considered as one organisation.*

During an incident response that requires the wider NHS co-ordination, UHL fits in at a 'Silver' level within the following local health 'command and control' structure.

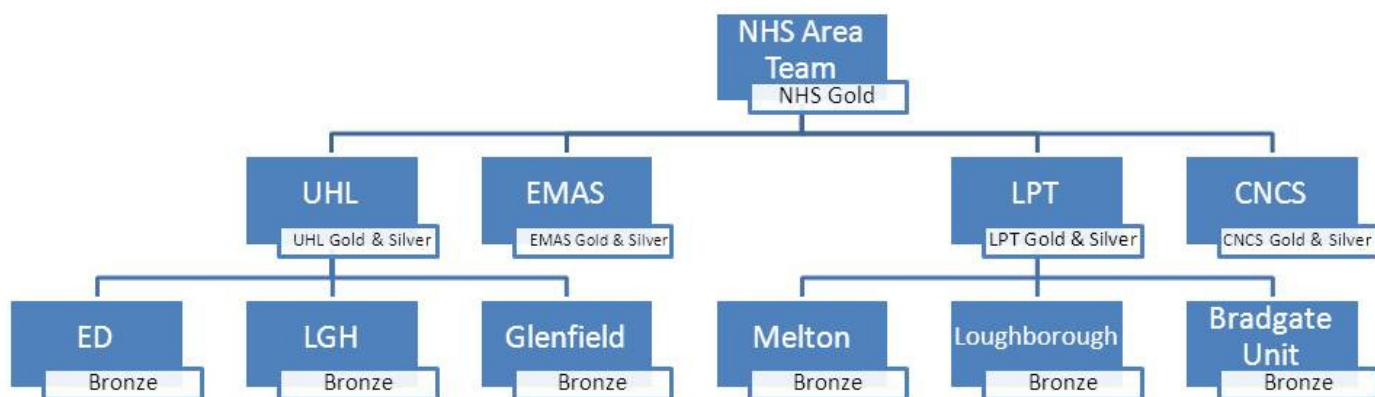


Figure 1, Leicester, Leicestershire and Rutland, NHS Command and Control Structure 2013

### 3.7 Multi-Agency

UHL is a member of the Leicester, Leicestershire and Rutland Local Resilience Forum (LLR LRF). The Civil Contingencies Act 2004 places a statutory duty upon key responding and supporting agencies to prepare for and respond to emergencies. Category 1 (i.e. An Acute Hospital) and Category 2 (i.e. Utility Company) Organisations will come together to form "Local Resilience Forums" (based on the Local Police areas) which will help co-ordination and co-operation between responders at local level. The Leicester, Leicestershire & Rutland Local Resilience Forum was created to meet this requirement.



The Leicester, Leicestershire and Rutland Local Resilience Forum sits at the apex of the Leicester Leicestershire and Rutland's local civil protection arrangements. Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies which may have a significant impact on the communities of Leicester, Leicestershire and Rutland.

If a major incident is declared the member organisations will be invited to attend a Tactical Coordinating Group (silver level representation by UHL) and if necessary a Strategic Coordinating Group (gold representation by the CCG). It is important to ensure appropriate representation at the relevant groups is maintained without causing detrimental effect of the management of the incident within the Trust.

### 3.8 Security

Security will provide an appropriate lock down of the premises to allow the major incident response to take place. If required then a copy of the Facilities Provider Major Incident Policy can be found in the Hospital Control Room at the LRI, or via the on call Facilities Provider Manager for UHL.

### 4.0 Communications

Communication is the key to the Trust's response to any incident. Staff across the Trust will need to be kept informed of all key messages. This will be done through a variety of means to ensure resilience. Some of the internal communication methods used in UHL are as follows;

- Communication from UHL Hospital Control Room to the Bronze Control Rooms and vice versa using a SITREP on a regular basis
- Desktop messages on all Trust computers, updated regularly by the Communications Team
- Text message alerts to all UHL owned mobile phones
- Briefings via control room managers

To ensure resilience for the internal telecommunications network two way radio's will be provided for use in the control rooms.

In relation to external communication during a 'Major Incident' UHL will also be required to communicate with agencies external to the NHS and with the media. Within a very short period of time of a report of a Major Incident occurring; the media will focus in large numbers on the scene, survivor and reception centres, mortuary and receiving hospitals. There will be a designated media receiving or waiting area where the media will be briefed as appropriate by the UHL Communications Team. A member of the communications team will be situated in the Hospital Control Room for advice and support to the Hospital Control Team.

### 5.0 Information Sharing in the Event of a Major Incident

Information is critical to the emergency response and recovery (before and after an incident), yet maintaining the flow of information, within our own organisation, with partners and to the wider public is extremely challenging under emergency conditions.

One of the lessons repeatedly identified from the Government in previous incidences relates to the management of personal data by local and regional responders, it states; “It was apparent that in some parts of the emergency response, the requirements of the Data Protection Act 1998 were either misinterpreted or over-zealously applied.” (Data Protection and Sharing – Guidance for Emergency Planners and Responders)

Under the Civil Contingencies Act, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. Information sharing is also encouraged as being good practice. Information should be shared where it can be reasonably justified that the sharing of information has been in the benefit of the response to an incident and appropriate controls have been applied to mitigate the risk of release of sensitive information.

**NOTE:** Please see Appendix A for flowchart guidance on the sharing of information in an emergency situation.

**PART TWO**

**Action Cards for the Hospital Control Room Staff**

1	Director On Call	18
2	Senior Manager On Call	19
3	Loggist	20
4	Duty Manager(s)	21
5	Head of Operations	22
6	Emergency Planning Officer	23
7	Acute Division Representative	24
8	Planned Care Division Representative	25
9	Women’s and Childrens Division Representative	26
10	Communications Lead	
11	UHL Nursing Lead	28
12	UHL Medical Lead	29
13	Facilities Provider Manager	30
14	Ambulance Liaison Officer (EMAS / Arriva)	31
15	Police Liaison Officer	32

NAME: ..... DATE: ..... TIME: .....



## DIRECTOR ON CALL – ACTION CARD

**Role:**

Provide overall co-ordination of cross site activities of the trust, safeguarding its operations and business continuity.

The Director On Call will chair the Hospital control Room and act as the hospital ‘Gold Commander’ if required during the response.

**Actions:**

Please ensure the following actions are taken if ‘**Major Incident Standby**’ is stated;

	<input checked="" type="checkbox"/>	Time
Make necessary arrangements to attend LRI Site		
Receive situation report from Duty Manager / Senior Manager On Call		

Please ensure the following actions are taken if ‘**Major Incident Declared**’ is stated;

Proceed to UHL Hospital Control Room (Samuel Jordan Room)		
Receive update from Duty Manager / Senior Manager and Situation Board		
Organise a Media Area to be set up in the Clinical Education Centre to await Communications Lead to arrive if not already on site		
Identify and set the Incident Strategic Aims and Objectives (see appendix E)		
Assess the scale of the incident		
Consider cancellation of elective admissions if appropriate		
Liaise with Duty Manager for current bed capacity information		
Consider the impact on overall UHL activity		
Co-ordinate all cross site activity		
Contact the Chairman and the Chief Executive		
Contact Lead PCT and Health Authority Director On Call for information		
After incident to take part in reporting and review of response for incident		

Please ensure the following actions are taken if ‘**Major Incident Stand Down**’ is stated;

Confirm ‘Stand Down’ message with ED		
Inform and advise UHL stand down of incident response		
Initiate UHL’s Recovery Plan		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**

**ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## SENIOR MANAGER ON CALL – ACTION CARD

**Role:**

To manage the response initially until the Director On Call arrives and thereafter to help provide overall co-ordination of cross site activities of the trust, safeguarding its operations and business continuity.

The Senior Manager On Call will chair the Hospital control Room initially and act as the hospital ‘Silver Commander’ during the response.

**Actions:**

Please ensure the following actions are taken if ‘**Major Incident Standby**’ is stated;

	<input checked="" type="checkbox"/>	Time
Make necessary arrangements to attend LRI Site		
Receive situation report from Duty Manager		

Please ensure the following actions are taken if ‘**Major Incident Declared**’ is stated;

Proceed to UHL Silver Hospital Control Room (Samuel Jordan Room)											
Receive update from Duty Manager and Situation Board											
Assist the Director on Call with assessing the scale of the incident											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Collate information on / consider cancellation of elective admissions</td> <td style="width: 5%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Liaise with the Duty Manager for the current bed capacity</td> <td></td> <td></td> </tr> <tr> <td>Aid the Director with gathering information on the impact on overall UHL activity</td> <td></td> <td></td> </tr> </tbody> </table>	Collate information on / consider cancellation of elective admissions			Liaise with the Duty Manager for the current bed capacity			Aid the Director with gathering information on the impact on overall UHL activity				
Collate information on / consider cancellation of elective admissions											
Liaise with the Duty Manager for the current bed capacity											
Aid the Director with gathering information on the impact on overall UHL activity											
Aid the Duty Manager in any operational issues											
Develop an action plan to meet the strategic aims and objectives set by the Director On Call											
After incident to take part in reporting and review of response for incident											

Please ensure the following actions are taken if ‘**Major Incident Stand Down**’ is stated;

Provide support for the Director in initiating UHL Recovery Plan		
--	--	--

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**  
**ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## LOGGIST – ACTION CARD

**Role:**

The Loggist role is to keep a record of all decisions made by the Gold, Silver or Bronze Commanders. The Log should be an accurate record of all information, decisions, reasoning, facts, tasks and actions that take place from the beginning to the end of a major incident.

It is vital that the Loggist is used **solely** for the recording of the incident and **is not** used as an assistant to the Gold, Silver and Bronze Commanders in the control rooms or a minute taker.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Make necessary arrangements to attend LRI Site.		
Collect Loggist File from Katie Leah’s shelf, in the PA’s Office, near the UHL Hospital Control Room (Samuel Jordan Room).		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Proceed to UHL Hospital Control Room with Loggist file.		
Ensure you are sat in close proximity to the Chair to enable effective communication and co-ordination between the roles.		
Decide on an “Agreed” clock for everyone to keep the same time.		
The Loggist’s role is <b>NOT</b> to take minutes of the meeting.		
Use only designated Log Book (spare copies in filing cabinet in UHL Control Room) and ensure all details on the front of the book are completed.		
Remember when logging you are recording the:- <ul style="list-style-type: none"> <li>• Events</li> <li>• Decisions of the Group</li> <li>• Actions that have been tasked, to whom, when they were completed or where they are still outstanding and any notes about the action.</li> <li>• Reasoning behind any key actions.</li> <li>• Any information that the Chair directs you to log.</li> </ul>		
If you are unclear on what to Log or the meaning of anything being discussed, raise these issues with the Chair so that the appropriate detail can be added to the Log.		
Ensure the Chair has made appropriate shift rotation arrangements within the pool of Loggists.		
Ensure that when completing the Log Book you conform to the Log Book Best Practice Guidance below:-		

**DO**

- ✓ Use black ink to write the Log.
- ✓ Initial any corrections made.
- ✓ Keep all the notes in the official bound Log Book.
- ✓ Use an agreed clock for everyone to keep the same time.
- ✓ Write clearly.
- ✓ Use plain English.
- ✓ Rule off large blank spaces.
- ✓ Cross out mistakes using a single horizontal line and initial.
- ✓ Give each Log Book entry an unique record number and enter the time.
- ✓ Use the 24 hour clock.
- ✓ If the Loggist, Chair or meeting date changes, cross through the Log to the bottom of the page and the Loggist and Chair must sign at the bottom of the page.

**DON'T**

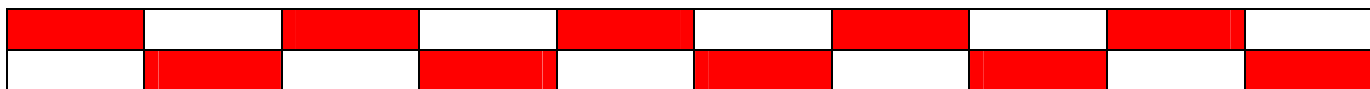
- ✗ Use correction fluid
- ✗ Overwrite mistakes
- ✗ Use arrows or dashes
- ✗ Write over lines or in margins
- ✗ Leave large blank spaces
- ✗ Use acronyms without writing them out in full first.
- ✗ Tear pages out of the Log Book.
- ✗ Attempt to improve the Log at a later date by altering it.

Please ensure the following actions are taken if **'Major Incident Stand down'** is stated;

Ensure that the Log Book is appropriately signed off by the Chair of the Command Group. The Chair should take possession of the Log Book and make arrangements for it's safekeeping.	<input checked="" type="checkbox"/>	Time

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**  
**ENSURE ALL ACTIONS AND DECISIONS ARE 'LOGGED' AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## DUTY MANAGER LRI – ACTION CARD

**Role:**

To take UHL managerial control of an incident until the Director or Senior Manager On Call arrives on site and thereafter to manage internal site operations.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Proceed to ED and collect Action card		
Receive situation report from ED (e.g. METHANE Report)		
If appropriate compile list of patients requiring admission to each speciality		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Proceed to UHL Hospital Control Room (Samuel Jordan Room)		
Notify Switchboard that control Room is activated; confirm name of room		
Update the situation boards on the wall		
Prepare up to date bed states from all area’s / hospitals (use the Duty Manager’s at the GH, LGH to support where necessary)		
Contact CBU / speciality bleep holders to activate individual plans		
Establish list of elective patient cancellations and outpatient cancellations		
Set up communications with ‘bronze’ control rooms (e.g. GH, LGH Duty Managers)		
Liaise with the Duty Managers at the GH, LGH and Bed Bureau to support with contacting UHL’s supporting hospitals and organisations		
Mobilise discharges and transfer’s		
Mobilise ward area’s to receive casualties		
Inform Loughborough Walk In Centre and confirm all minor injuries from UHL will re-directed through them		
Contact Bed Bureau in UHL to inform of Major Incident		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**  
**ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## DUTY MANAGER GH/LGH – ACTION CARD

**Role:**

To assist the LRI Duty Manager to deliver their role. The role will be primarily to collate information regarding the flow of patients & resources and to ensure that clinical areas work within the agreed actions of the Silver Lead.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with LRI Duty Manager		
Compile an up to date bed state		
If appropriate compile list of patients requiring admission to each specialty		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Contact other Duty Managers and receive briefing of current situation		
Proceed to the relevant control room and ensure it is set up for use		
Notify Switchboard that control Room is activated; confirm name of room		
Update the situation boards on the wall		
Prepare up to date bed states from all area’s / hospitals		
Ensure that site specialities are aware that a major incident has been declared		
Establish list of elective patient cancellations and outpatient cancellations		
Liaise with the Duty Managers LRI/GH/LGH and Bed Bureau to support with contacting UHL’s supporting hospitals and organisations		
Mobilise discharges and transfer’s		
Mobilise ward area’s to receive casualties		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY  
REQUIRED DOCUMENTATION OF AN INCIDENT  
ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....





## HEAD OF OPERATIONS / CHIEF OPERATING OFFICER– **ACTION CARD**

**Role:**

To provide managerial support to the Director and Senior Manager On Call in managing the Trusts response to an incident.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Duty Manager / Senior Manager On Call / Director On Call		
Make necessary arrangements to attend LRI Site		
Act as a liaison for the outside agencies if required		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Provide advice to the Hospital Control Room Staff on the responsibilities required under the Civil Contingencies Act 2004 during an incident								
Assist the Director on Call with assessing the scale of the incident								
<table border="1" style="width: 100%;"> <tr> <td>Collate information on / consider cancellation of elective admissions</td> <td></td> </tr> <tr> <td>Liaise with the Duty Manager for the current bed capacity</td> <td></td> </tr> <tr> <td>Aid the Director with gathering information on the impact on overall UHL activity</td> <td></td> </tr> </table>	Collate information on / consider cancellation of elective admissions		Liaise with the Duty Manager for the current bed capacity		Aid the Director with gathering information on the impact on overall UHL activity			
Collate information on / consider cancellation of elective admissions								
Liaise with the Duty Manager for the current bed capacity								
Aid the Director with gathering information on the impact on overall UHL activity								

Please ensure the following actions are taken if **‘Major Incident Stand Down’** is stated;

Confirm UHL’s ‘Stand Down’ message with any outside agencies		
Provide support for the Director in initiating UHL Recovery Plan		
Post event to ensure Major Incident Plan is reviewed and provide any learning points for the Trust		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**  
**ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## EMERGENCY PLANNING OFFICER – **ACTION CARD**

**Role:**

To provide tactical support and advice to the Hospital Control Room in managing the Trusts response to an incident.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Duty Manager / Senior Manager On Call / Director On Call		
Make necessary arrangements to attend LRI Site		
Act as a liaison for the outside agencies if required		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Provide advice to the Hospital Control Room Staff on the responsibilities required under the Civil Contingencies Act 2004 during an incident		
Assist the Head of Operations in liaising and appropriate information sharing with all external agencies		

Please ensure the following actions are taken if **‘Major Incident Stand Down’** is stated;

Post event to ensure Major Incident Plan is reviewed and provide any learning points for the Trust		
Confirm UHL’s ‘Stand Down’ message with any outside agencies if required		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY  
REQUIRED DOCUMENTATION OF AN INCIDENT  
ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## ACUTE DIVISION REPRESENTATIVE – ACTION CARD

**Role:**

To act as the representative and link for the Acute Division based in the UHL Hospital Control Room. This role would normally be filled by the Divisional Manager or Divisional Head of Nursing, if they are unavailable then a nominated deputy from the Division.  
 If out of hours then this could be the 2pm-10pm Manager or if at the weekend then the weekend Manager on Call for Acute. During hours a suitable nominated Manager should be allocated this role.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Duty Manager / Senior Manager On Call		
Make necessary arrangements to attend LRI Site		
Ensure the Division is aware of the standby status and the agreed incident response for the Division and CBU’s are activated.		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Ensure the Division’s Major Incident Plans have been activated		
Ensure the appropriate Divisional Managers have been contacted about the incident		
Provide information on Staffing Issues if required for the Division		
Provide bed capacity information if required for the Division		
Provide information on any resources required from the Division		
Provide information on any impact on the Division’s ‘normal daily business’		
Provide specialist advice / invite specialist from a particular CBU if required e.g. ITU		
Ensure information and advice from the Hospital Control Room is passed through to the Divisional / CBU control rooms		
Aid the Hospital Control Room in the recovery process for UHL		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**  
**ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## PLANNED CARE DIVISION REPRESENTATIVE – ACTION CARD

**Role:**

To act as the representative and link for the Planned Care Division based in the UHL Silver Hospital Control Room. This role would normally be filled by the Divisional Manager or Divisional Head of Nursing, if they are unavailable then a nominated deputy from the Division.  
 If out of hours then this could be the 2pm-10pm Manager or if at the weekend then the weekend Manager on Call for Planned. During hours a suitable nominated Manager should be allocated this role.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Duty Manager / Senior Manager On Call		
Make necessary arrangements to attend LRI Site		
Ensure Division is aware and the agreed incident response for the Division and CBU’s are activated.		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Ensure the Division’s Major Incident Plans have been activated		
Ensure the appropriate Divisional Managers have been contacted about the incident		
Provide information on Staffing Issues if required for the Division		
Provide bed capacity information if required for the Division		
Provide information on any resources required from the Division		
Provide information on any impact on the Division’s ‘normal daily business’		
Provide specialist advice / invite specialist from a particular CBU if required e.g. Surgical Specialties		
Ensure information and advice from the Hospital Control Room is passed through to the Divisional / CBU control rooms		
Aid the Hospital Control Room in the recovery process for UHL		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**  
**ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## WOMENS AND CHILDRENS REPRESENTATIVE – **ACTION CARD**

**Role:**

To act as the representative and link for the Women’s and Childrens Division based in the UHL Silver Hospital Control Room. This role would normally be filled by the Divisional Manager or Divisional Head of Nursing, if they are unavailable then a nominated deputy from the Division.  
 If out of hours then this could be the Manager on call for the Division, during hours a suitable nominated Manager should be allocated this role.

**Actions:**

Please ensure the following actions are taken if ‘**Major Incident Standby**’ is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Duty Manager / Senior Manager On Call		
Make necessary arrangements to attend LRI Site		
Ensure Division is aware and the agreed incident response for the Division and CBU’s are activated.		

Please ensure the following actions are taken if ‘**Major Incident Declared**’ is stated;

Ensure the Division’s Major Incident Plans have been activated		
Ensure the appropriate Divisional Managers have been contacted about the incident		
Provide information on Staffing Issues if required for the Division		
Provide bed capacity information if required for the Division		
Provide information on any resources required from the Division		
Provide information on any impact on the Division’s ‘normal daily business’		
Provide specialist advice / invite specialist from a particular CBU if required e.g. Maternity / Childrens Admissions Unit		
Ensure information and advice from the Hospital Control Room is passed through to the Divisional / CBU control rooms		
Aid the Hospital Control Room in the recovery process for UHL		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**  
**ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## COMMUNICATIONS LEAD – ACTION CARD

**Role:**

To work with the Gold and Silver commanders based in the UHL control room, to ensure that appropriate messages are developed and that key stakeholders are communicated to. This role will be filled by the Communications Officer On Call, but during a protracted incident further support may be required from additional staff. Close coordination with other agencies communications teams is essential ensuring that an appropriate agency leads on press statements. This may be formalised through the establishment of the Communications Cell.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Director On Call/Senior Manager On Call		
Make necessary arrangements to attend LRI Site		
Ensure that the Communications Team is aware		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Attend to the UHL Control Room (Samuel Jordan Room)		
Identify key messages from the briefings to be incorporated into communications messages		
Ensure stakeholders have been identified who require communications messages		
Provide communications messages to the Friends and Relatives Reception Centre if established in the Osborne Building.		
Make contact with other agencies communications teams		
Establish a process to monitor the media and social media		
Consider the need for additional support to manage the communications response		
If necessary identify suitable locations to hold press briefings and for vehicle access		
Liaise with security to monitor any arrivals of the press		
Continue to provide communications support through the recovery of the incident		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY  
REQUIRED DOCUMENTATION OF AN INCIDENT  
ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## UHL NURSING LEAD – **ACTION CARD**

**Role:**

To provide clinical support and advice for the Duty Manager in the initial stages of the response and then to provide support and advice to the UHL Hospital Control Team in co-ordinating the cross site trust response to the incident.

If the Director of Nursing is unavailable then this position should be represented by an Associate Director of Nursing or a nominated deputy from the corporate nursing staff.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Duty Manager / Senior Manager On Call		
Make necessary arrangements to attend LRI Site		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Proceed to UHL Hospital Control Room (Samuel Jordan Room)		
Receive update from Duty Manager and Situation Board		
Provide direction and advice in clinical and professional Nursing issues to the Hospital Control Room		
Review bed availability across the trust with particular reference to any nursing issues		
Liaise with nursing colleagues to ensure a Relatives Reception Area is set up in the Osborne Seminar Room with a designated Relatives Liaison Coordinator		
After incident to take part in the reporting and review of response for incident		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY  
REQUIRED DOCUMENTATION OF AN INCIDENT  
ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## UHL MEDICAL LEAD – ACTION CARD

**Role:**

To provide clinical support and advice for the Duty Manager in the initial stages of the response and then to provide support and advice to the UHL Silver Command in the Hospital Control Room in co-ordinating the cross site trust response to the incident.

If the Medical Director is unavailable then this position should be represented by a Clinician who will not be directly involved in the management of patients. This would usually be from the Acute Division.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Duty Manager / Senior Manager On Call		
Make necessary arrangements to attend LRI Site		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Proceed to UHL Silver Hospital Control Room (Samuel Jordan Room)		
Receive update from Duty Manager and Situation Board		
Provide direction and advice in clinical issues to the hospital ‘Silver Command Room / Team’		
Take the lead in clinically related issues for the Director On Call		
Liaise with the Communications Lead and Media as required		
After incident to take part in the reporting and review of response for incident		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY  
REQUIRED DOCUMENTATION OF AN INCIDENT  
ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....





## FACILITIES PROVIDER MANAGER – ACTION CARD

**Role:**

To provide facilities managerial support and advice to the UHL Silver Hospital Control Room.

**Actions:**

Please ensure the following actions are taken if **‘Major Incident Standby’** is stated;

	<input checked="" type="checkbox"/>	Time
Liaise with the Duty Manager / Senior Manager On Call		
Make necessary arrangements to attend LRI Site		
Alert appropriate Facilities Staff e.g. Security		

Please ensure the following actions are taken if **‘Major Incident Declared’** is stated;

Arrange for ED entrances to be locked down / controlled in accordance with the ED Plan																		
Arrange appropriate car park facilities																		
Arrange access and egress management of the site																		
Arrange for ED air conditioning to be contained (if appropriate)																		
Arrange for catering services to be provided																		
Arrange for the LRI site to be locked down in appropriate for the incident																		
Arrange for appropriate deep cleaning / decontamination (if appropriate)																		
Arrange for additional portering and domestic support as required																		
Arrange for high risk areas to be allocated a security measure on the doors of the following;																		
<table border="1" style="width: 100%;"> <tbody> <tr><td>ED</td><td></td></tr> <tr><td>Receiving inpatient wards</td><td></td></tr> <tr><td>Day Ward</td><td></td></tr> <tr><td>Imaging</td><td></td></tr> <tr><td>Theatres</td><td></td></tr> <tr><td>ITU</td><td></td></tr> <tr><td>Paediatrics</td><td></td></tr> <tr><td>Discharge Area’s</td><td></td></tr> </tbody> </table>	ED		Receiving inpatient wards		Day Ward		Imaging		Theatres		ITU		Paediatrics		Discharge Area’s			
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ENSURE ALL ACTIONS AND DECISIONS ARE ‘LOGGED’ AND RECORDED**

NAME: ..... DATE: ..... TIME: .....



## AMBULANCE LIAISON OFFICER – **ACTION CARD**

**Role:**

To provide specialist advice from East Midlands Ambulance Service (EMAS) to the University Hospitals of Leicester (UHL) Silver Hospital Control Room and Emergency Department (Based at the Leicester Royal Infirmary) and to provide co-ordination between the scene of the incident, ED and the UHL Silver Hospital Control Room.

**Actions:**

If a major incident has been declared then the East Midlands Ambulance Service will dispatch 2 officers to the Leicester Royal Infirmary (LRI).

One Officer will present at the Emergency Department (ED) to act as a liaison from the scene to ED ensuring that numbers of expected casualties and any other relevant information is correct passed on the ED control team.

The second Officer will proceed to the UHL Silver Hospital Control Room (Samuel Jordan Room, Balmoral Level 3, LRI). This Officer will be responsible for the liaison of the following actions / responsibilities;

Liaise with the Officer based in ED to ensure flow of information		
Ensure UHL Silver is aware of number of expected casualties, their condition and any appropriate information required from the scene		
Arrange appropriate Patient Transport to enable UHL to discharge patients		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY  
REQUIRED DOCUMENTATION OF AN INCIDENT  
**ENSURE ALL ACTIONS AND DECISIONS ARE 'LOGGED' AND RECORDED****

NAME: ..... DATE: ..... TIME: .....



## POLICE LIAISON OFFICER – **ACTION CARD**

**Role:**

To provide specialist advice from Leicestershire Constabulary to the University Hospitals of Leicester (UHL) Silver Hospital Control Room and Emergency Department (Based at the Leicester Royal Infirmary)

**Actions:**

If a major incident has been declared then the Leicestershire Constabulary will dispatch 2 officers to the Leicester Royal Infirmary (LRI).

One Officer will present at the Emergency Department (ED) to arrange for the setting up of the Police Documentation Team and to ensure ED are briefed on any relevant Police matters from the scene.

The second Officer will proceed to the UHL Silver Hospital Control Room (Samuel Jordan Room, Balmoral Level 3, LRI). This Officer will be responsible for the liaison of the following actions / responsibilities;

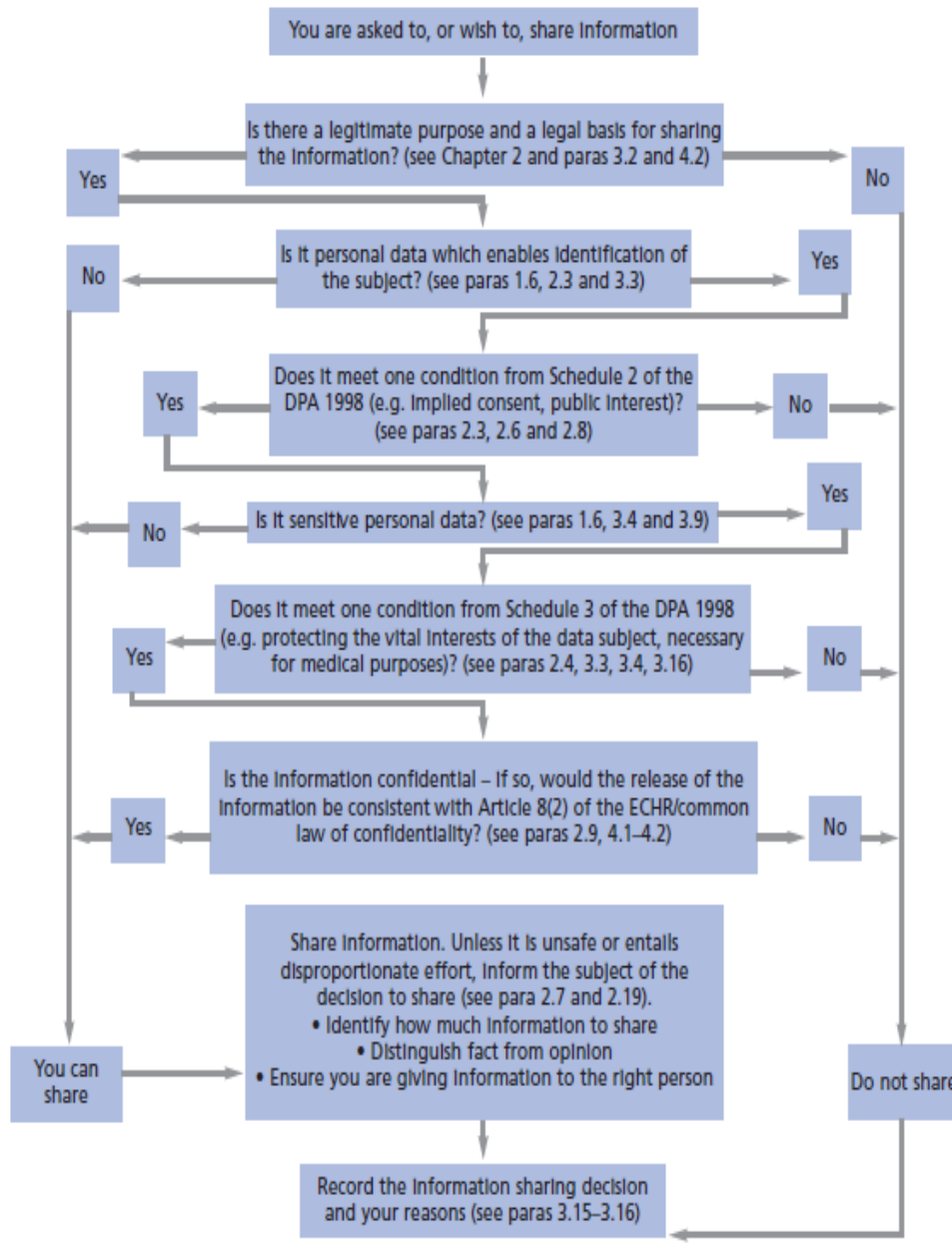
Provide advice on any Police matters relevant to the incident		
Liaise with the Officer in ED and the Police Documentation Team		
Liaise with the Police Casualty Bureau		
The management of the deceased from the scene		
Liaise with the UHL Relatives Reception Area (In Osborne Seminar Room, LRI)		
Support UHL with access and egress from the site if required		
Support UHL with any 'crowd control' if required		
Help support any essential UHL staff parking at the walkers and on double yellow lines / restricted parking around the LRI site		

**PLEASE KEEP AND FILE THIS ACTION CARD AS THIS PROVIDES THE START OF YOUR LEGALLY REQUIRED DOCUMENTATION OF AN INCIDENT**

**ENSURE ALL ACTIONS AND DECISIONS ARE 'LOGGED' AND RECORDED**

**APPENDIX A**

## FLOWCHART OF KEY PRINCIPLES FOR INFORMATION SHARING



<sup>47</sup> Adapted from Information Sharing: A Practitioners Guide.

Figure 2; Taken From Page 27 - Data Protection and Sharing – Guidance for Emergency Planners and Responders

[Link to Data Protection and Sharing - Guidance for Emergency Planners and Responders](#)

### APPENDIX B – KEY CONTACT INFORMATION

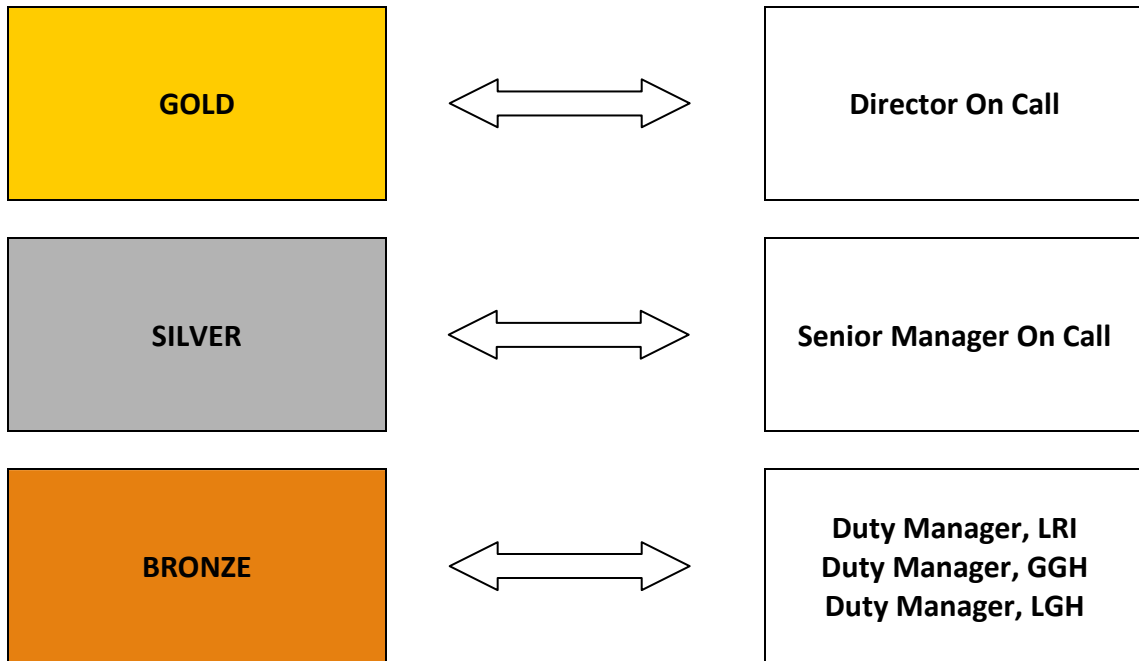
The following agencies may need to be informed that UHL has activated the Major Incident Plan (this information is also kept in the Samuel Jordan Room).

<b>Agency</b>	<b>Contact Number</b>	<b>Time Contacted</b>
CCG Director On Call	07623 908865 (leave a message and contact number)	
Leicestershire Constabulary	0116 2222222	
East Midlands Ambulance Service	07880 744558 (ask for the Director on Call)	
Local Authority	Through UHL Switchboard for On Call Manager in the Local Authority	
Public Health England	In Hours 0844 225 4524, Option 1, then Option 2 Out Of Hours 0115 967 5099	
Leicester Partnership NHS Trust	0116 225 6000 (ask for the Director on Call)	
CNCS	03000 241118 (ask for on call)	
Urgent Care Centre	02476 351351 (George Elliot Director on Call)	
UHL Voluntary Services	In Hours: Ext 7221 (LRI) Ext 3955 (GH) Out of Hours through UHL Switchboard	

## APPENDIX C – RELATIVES RECEIVING AREA – OSBORNE BUILDING LRI

This is organised by the Corporate Nursing are of UHL – Please liaise with the Nursing Lead in the Hospital Control Room, LRI.

**APPENDIX D – UHL’S GOLD TO BRONZE COMMANDERS**



## APPENDIX E – UHL’S GENERIC STRATEGIC AIMS AND OBJECTIVES

It will be helpful to guide the overall UHL response by setting an aim and some strategic objectives. These objectives are broad, but will identify for service areas what their priorities should be. Set a single strategic aim and prioritise the objectives through which it should be achieved. Objectives could include some of the following:

### Aim

To provide an appropriate response to preserve life and maintain critical UHL services

### Objectives

- To save life and prevent further loss of life and injuries of service users and staff
- Relieve suffering
- Containing the emergency – limiting its escalation or spread
- Identify critical UHL services and ensure their continued operation
- Maintaining normal services at an appropriate level
- To provide information and advice to service users, staff and media
- To engage and work with partner organisations to manage the demand on UHL Services
- Protecting the health and safety of personnel
- Safeguarding the environment
- Promoting self-help and recovery
- To plan for a return to normal service delivery
- Restoring normality as soon as possible
- Facilitating investigations and inquiries
- Evaluating the response and identifying lessons to be learned



